

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 13, 1983

ALL-COUNTY INFORMATION NOTICE I- 67-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FORM CA 30, AFDC BUDGET WORKSHEET (FORMERLY THE CA 241)

REFERENCE:

This letter transmits a copy of the CA 30, AFDC Budget Worksheet, which was formerly the CA 241. This form was revised to incorporate changes in State regulations resulting from the Federal Omnibus Budget Reconciliation Act of 1981.

The CA 30 has been renumbered to identify it as a worksheet to be used by the county welfare departments. The form should be used in computing the amount of cash aid for an eligible recipient family, and it allows for three budget computations. Format and language changes have been made throughout the form to improve system efficiency and effectiveness. Also, attached is a list of changes made to the form.

Comments and suggestions for the revision of this form were received from a variety of sources including the AFDC County Forms Advisory Committee and several counties.

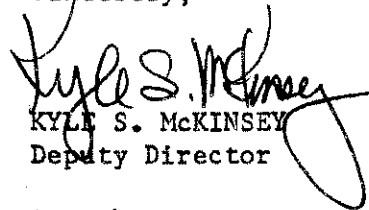
The advance copy of the CA 30 is being provided for those counties who print their own supply. You will be informed through the GEN 127 process when regular supplies of the CA 30 are available from the DSS Warehouse and can be ordered using the form GEN 727B county ordering procedure. Counties may continue to use the previous budget worksheet (CA 241) until supplies of the CA 30 are available.

As with all new or revised AFDC forms, your comments or suggestions for future improvements are welcome, and you may forward them to:

AFDC Forms Coordinator  
AFDC Program Systems Bureau  
744 P Street, Mail Station 16-31  
Sacramento, CA 95814

If you have any questions about the CA 30, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,



KYLE S. McKINSEY  
Deputy Director

Attachment

cc: CWDA

## AFDC BUDGET WORKSHEET

Case Name _____					Case Number _____					Worker Number _____							
Payment Month _____		Recipients	Check (✓) One			Payment Month _____		Recipients	Check (✓) One			Payment Month _____		Recipients	Check (✓) One		
			Federal	Non-Federal	Essential Person				Federal	Non-Federal	Essential Person				Federal	Non-Federal	Essential Person
Family Budget Unit						Family Budget Unit						Family Budget Unit					
Adults	1					Adults	1					Adults	1				
	2						2						2				
Children	1					Children	1					Children	1				
	2						2						2				
	3						3						3				
	4						4						4				
	5						5						5				
	6						6						6				
Total						Total						Total					
A. Maximum Aid Payment for _____ Persons		\$	A. Maximum Aid Payment for _____ Persons		\$	A. Maximum Aid Payment for _____ Persons		\$									
Income	1. Special Needs: (Specify)	+	Income	1. Special Needs: (Specify)	+	Income	1. Special Needs: (Specify)	+									
		+			+			+									
	2. Net Nonexempt Income (Enter Item (A) 14 from reverse)	-		2. Net Nonexempt Income (Enter Item (A) 14 from reverse)	-		2. Net Nonexempt Income (Enter Item (A) 14 from reverse)	-									
B. Total Grant (If less than \$10, enter 0)		\$ =	B. Total Grant (If less than \$10, enter 0)		\$ =	B. Total Grant (If less than \$10, enter 0)		\$ =									
C. Overpayment Adjustment		-	C. Overpayment Adjustment		-	C. Overpayment Adjustment		-									
D. Monthly Aid Payment		\$ =	D. Monthly Aid Payment		\$ =	D. Monthly Aid Payment		\$ =									
BUDGET RECOMPUTATION																	
E. Aid Payment Previously Authorized		\$	E. Aid Payment Previously Authorized		\$	E. Aid Payment Previously Authorized		\$									
F. Correct Aid Payment		\$	F. Correct Aid Payment		\$	F. Correct Aid Payment		\$									
G. Overpayment (If E exceeds F)		\$	G. Overpayment (If E exceeds F)		\$	G. Overpayment (If E exceeds F)		\$									
H. Underpayment (If F exceeds E)		\$	H. Underpayment (If F exceeds E)		\$	H. Underpayment (If F exceeds E)		\$									
EW Initial and Date		Authorization Date	EW Initial and Date		Authorization Date	EW Initial and Date		Authorization Date									

Comments:

# INCOME COMPUTATION

A EARNINGS COMPUTATION	Budget Month for Payment Month			Budget Month for Payment Month			Budget Month for Payment Month		
	Person 1	Person 2	Person 3	Person 1	Person 2	Person 3	Person 1	Person 2	Person 3
1. Gross Earned Income	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. Earned Income Credit	+	+	+	+	+	+	+	+	+
3. Net Income from Self-Employed Earnings (If applicable, calculate below)	+	+	+	+	+	+	+	+	+
4. Total Earned Income	=	=	=	=	=	=	=	=	=
5. Income Tax, Social Security and Disability Insurance	-	-	-	-	-	-	-	-	-
6. Standard Work Expense Disregard	-	-	-	-	-	-	-	-	-
7. Dependent Care Expense Disregard	-	-	-	-	-	-	-	-	-
8. Disregard: \$30	-	-	-	-	-	-	-	-	-
9. Subtotal	=	=	=	=	=	=	=	=	=
10. Disregard: 1/3 of Subtotal	-	-	-	-	-	-	-	-	-
11. Other Countable Income: (Specify)	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+
12. Court Ordered Child/Spousal Support Paid	-	-	-	-	-	-	-	-	-
13. Net Nonexempt Income	\$	\$	\$	\$	\$	\$	\$	\$	\$
	=	=	=	=	=	=	=	=	=
14. Total Net Nonexempt Income (Enter in A.2. on Side 1)	<div>\$</div> <div>=</div>			<div>\$</div> <div>=</div>			<div>\$</div> <div>=</div>		
B EARNINGS FROM SELF-EMPLOYMENT									
1. Gross Earnings from Self-Employment	\$			\$			\$		
2. Business Expenses: (Specify)	-			-			-		
	-			-			-		
	-			-			-		
3. Net Business Income (B)1. - (B)2. Enter in (A) 3. above	\$			\$			\$		
	=			=			=		

Comments:

FORM CA 30 CHANGES

Front and Back Sides

1. "Plus, Minus, Equals and Dollar" signs have been added to aid worker computations on both sides of the form.

Front Side

2. "Worker Number" has replaced "District" at the top of the worksheet.
3. "Payee Name and Address" and "Relationship" items have been deleted at the top of the worksheet.
4. Item A. now reads "Maximum Aid Payment for \_\_\_\_\_ Persons".
5. New item A.1. "Special Needs" has two lines for dollar entry and identification of the need.
6. The repositioned item "Net Nonexempt Income" replaces "Net Nonexempt Earnings".
7. Items B, C, D, E, G, I, J, L, and O have been deleted.
8. New item B. reads "Total Grant" with instructions for a zero grant.
9. Repositioned and renumbered item C. reads "Overpayment Adjustment".
10. New item D. reads "Monthly Aid Payment" and replaces "Total Amount Paid".
11. The renamed section "Budget Recomputation" replaces "For Budget Computation".
12. The "Basic and SN" boxes at the bottom of the old form have been deleted.
13. Item E. is "Aid Payment Previously Authorized" and replaces "Amount Previously Authorized".
14. A new item F. is "Correct Aid Payment".
15. The "Overpayment" entry is now item G.
16. There is a new item H. which is "Underpayment".
17. A space for "Comments" has been added at the bottom of the page.

Back Side

18. An extra column for a third person's income computation has been added.
19. Item A.1. has been changed to "Gross Earned Income".
20. A new item A.2. is "Earned Income Credit".
21. Item A.4. has been changed to "Total Earned Income".

22. Item A.5. has been changed to "Income Tax, Social Security and Disability Insurance".
23. Item A.6. has been changed to "Standard Work Expense Disregard" replacing "Work Related Expenses".
24. Item A.7. has been changed to "Dependent Care Disregard".
25. A new item A.8. is "Disregard: \$30".
26. A new item A.9. is "Subtotal".
27. A new item A.10. is "Disregard: 1/3 of Subtotal".
28. A new item A.11. is "Other Countable Income" with three lines for identification of item and dollar amount.
29. A new item A.12. is "Court Ordered Child/Spousal Support Paid".
30. A new item A.13. "Net Nonexempt Income" replaces "Net Nonexempt Earnings".
31. A new item A.14. is "Total Net Nonexempt Income".
32. "Comments" replaces "Additional Comments".
33. The "Net Income from Self-Employed Earnings" item has been renumbered as A.2.